## **Fact Sheet**

## Module 1: Payroll Taxes and Federal Income Tax Withholding

**Payroll** and **income** taxes are withheld from employees' pay by their employers.

Employers send withheld taxes to the federal government.

Payroll taxes include Social Security (FICA) tax and Medicare tax.

- The Social Security tax rate is 6.2 percent.
- The Medicare tax rate is 1.45 percent.

Employees complete <u>Form W-4</u>, <u>Employee's Withholding Allowance Certificate</u>. Employers use Form W-4 to compute the amount of income tax to withhold.

		Cut here and give F	orm W-4 to your employ	er. Keep the to	op part for your r	ecords	
Form	W-4	Employe	e's Withholding	Allowan	ce Certific	ate	OMB No. 1545-0010
Department of the Treasury Internal Revenue Service  Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.							2005
1 Ty	ype or print your fi	rst name and middle initial	Last name Myers			2 Your social 222: 00	security number : 5476
Home address (number and street or rural route) 462 Main Street				3 Single Married Married, but withhold at higher Single rate.  Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code Anytown, USA XXXX				4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶			
6 A 7 I e •	Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)  Additional amount, if any, you want withheld from each paycheck  I claim exemption from withholding for 2005, and I certify that I meet <b>both</b> of the following conditions for exemption.  Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and  This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.  If you meet both conditions, write "Exempt" here						
Under penalties of perjury, I declare that I have examined this certificate and to the beat Employee's signature (Form is not valid unless you sign it.) ▶  8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending the send					pe and belief, it is tru  Date ▶  9 Office code (optional)		mplete. entification number (EIN)
For Priv	vacy Act and Pa	aperwork Reduction Act	Notice, see page 2.		Cat. No. 10220Q		Form <b>W-4</b> (2005